

EHPEA Training Department Booking Form

Farm Name: _____

Farm location/site: _____

Contact person for the training: _____ **Position:** _____

Tel: _____ **Cell phone:** _____ **E mail:** _____

Course	Number of People to be trained	Planned date for the training	Remark E.g. Delivery language etc.
Safe use of pesticide			
Pesticide Store keeping			
Supervision of Spraying			
Supervision Skill			
Crop Scouting			
Introduction to farm Auditing			
Environment officer			
Farm Safety Officer			
Farm Safety Committee			
Other training need and Specialist workshops, Please list below			
Code Compliance	We would like to apply/re-new our Code audit certification at		
	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
Target date for final Code Audit is:			

Please send your signed, stamped & completed Booking form to EHPEA, using the e mail address:

mb3617@gmail.com

Name: _____ Signed: _____ Position: _____ Date _____